Developing people for health and healthcare

Improving Cancer Awareness Train the GP Trainers

GP Cancer Diagnosis Audit and Cancer SEA

#ICATraining

NHS East Midlands Strategic Clinical Networks

NHS Health Education East Midlands

Show of hands please

- How many have done the RCGP audit?
- Cancer specific SEAs?

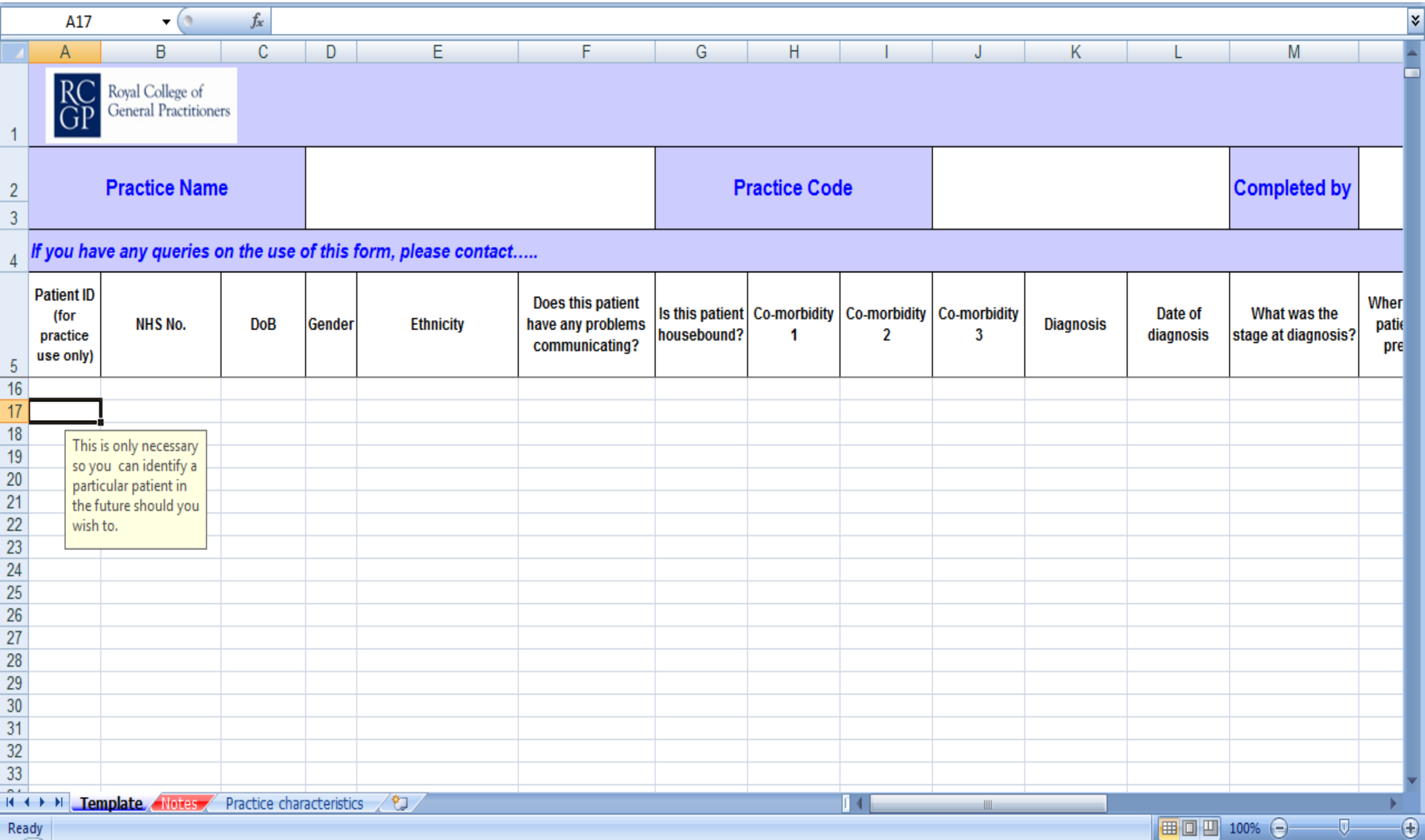
Aims of session

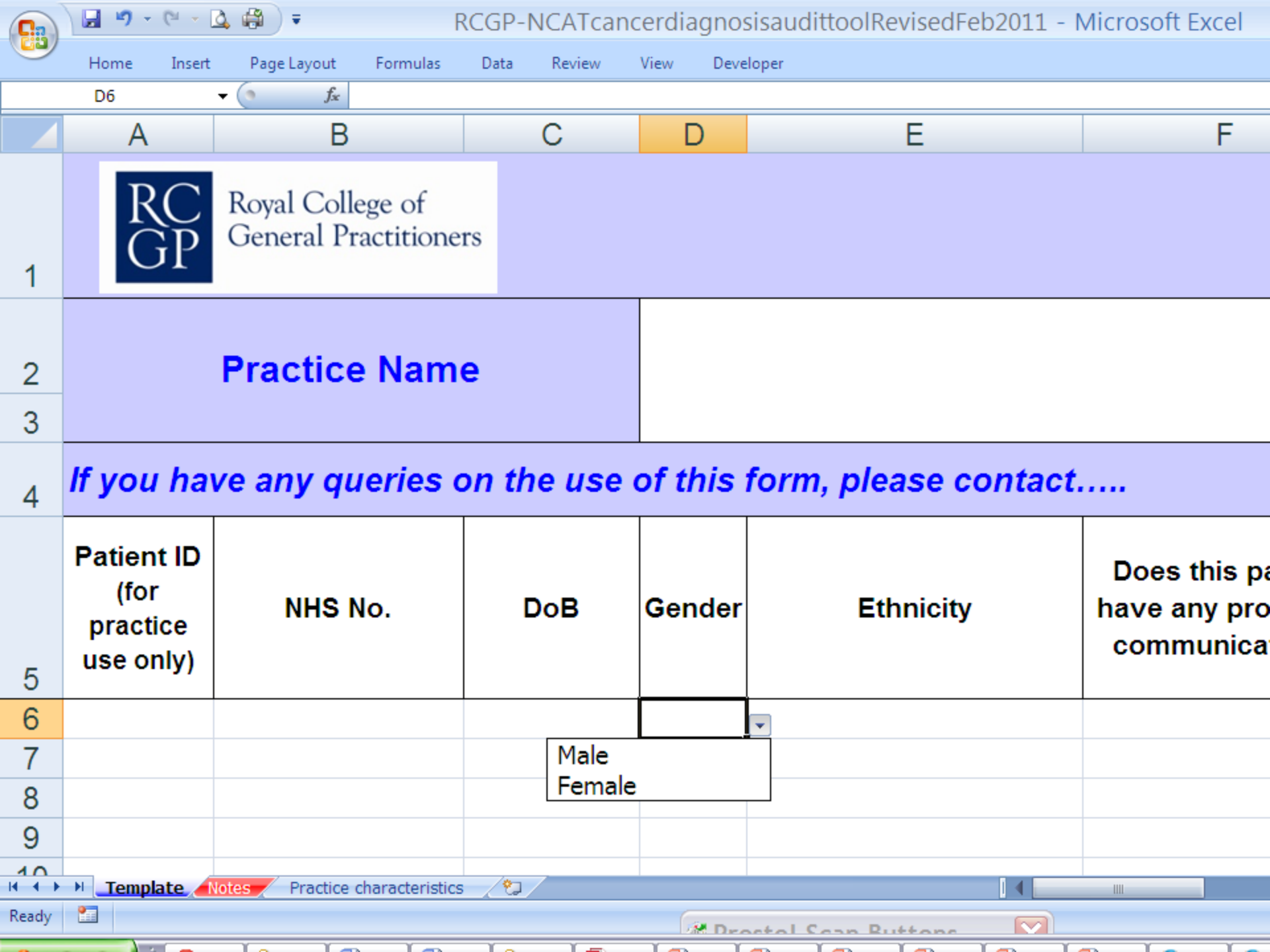
- What is the audit tool?
- How can it be used?
- Who can complete it?
- How can it be used as a learning tool
- How many patients should we look at?
- Understand SEA template

Audit Tool

- Developed by RCGP
- National audit 2010/11
- Excel tool
- Easy to complete –honest!!
- Downloadable
- Tested on over 16,000 cancer journeys
- Strictly a survey until standards/criteria set and re-audit

Primary Care Audit

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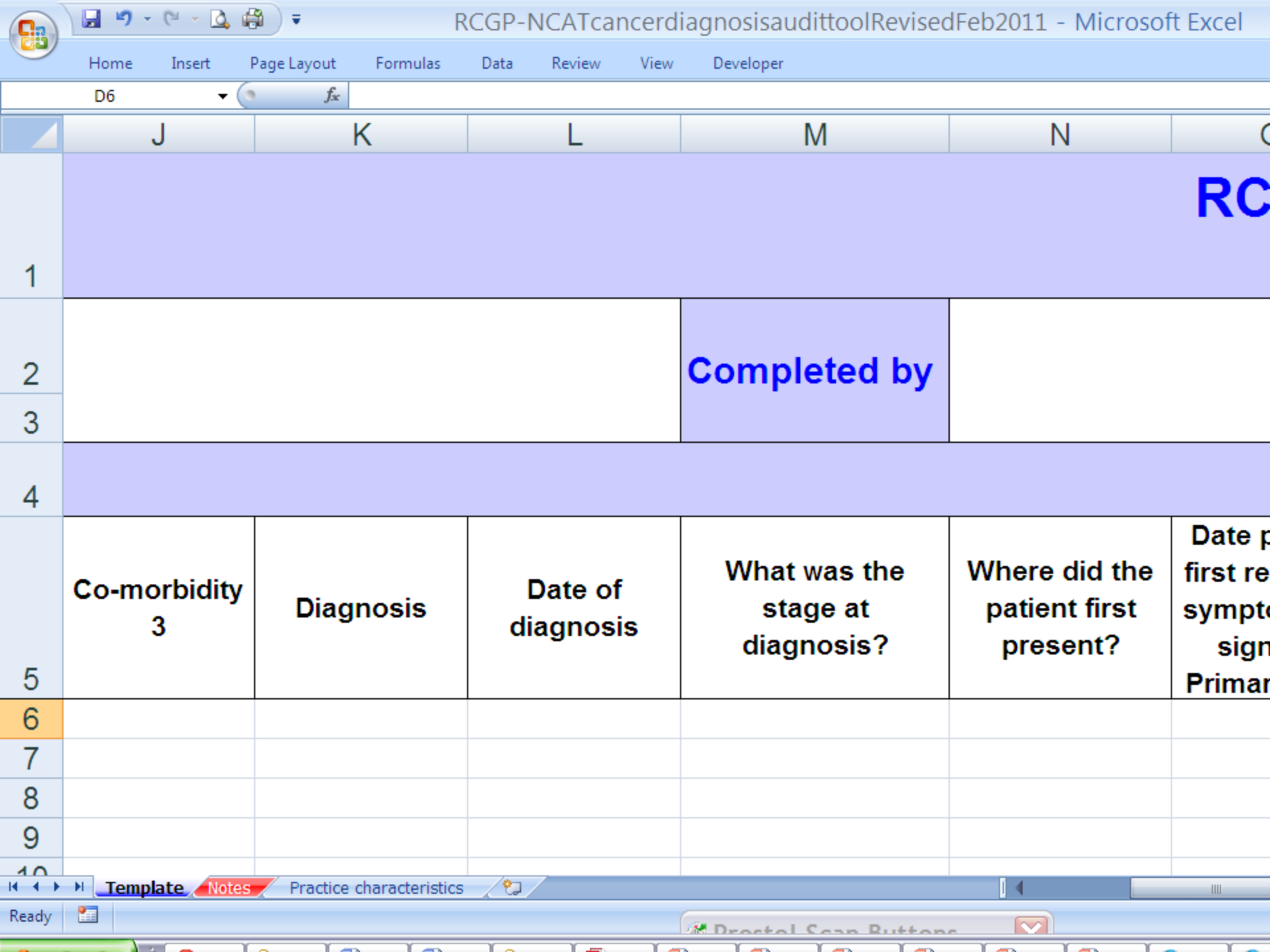
Royal College of General Practitioners
Practice Name
If you have any queries on the use of this form, please contact…..
Patient ID (for practice use only)
NHS No.
DoB
Gender
Ethnicity
Does this pa
have any pro
communica
Male
Female
Template
Notes
Practice characteristics
Ready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Completed by
Co-morbidity 3
Diagnosis
Date of diagnosis
What was the stage at diagnosis?
Where did the patient first present?
Date p
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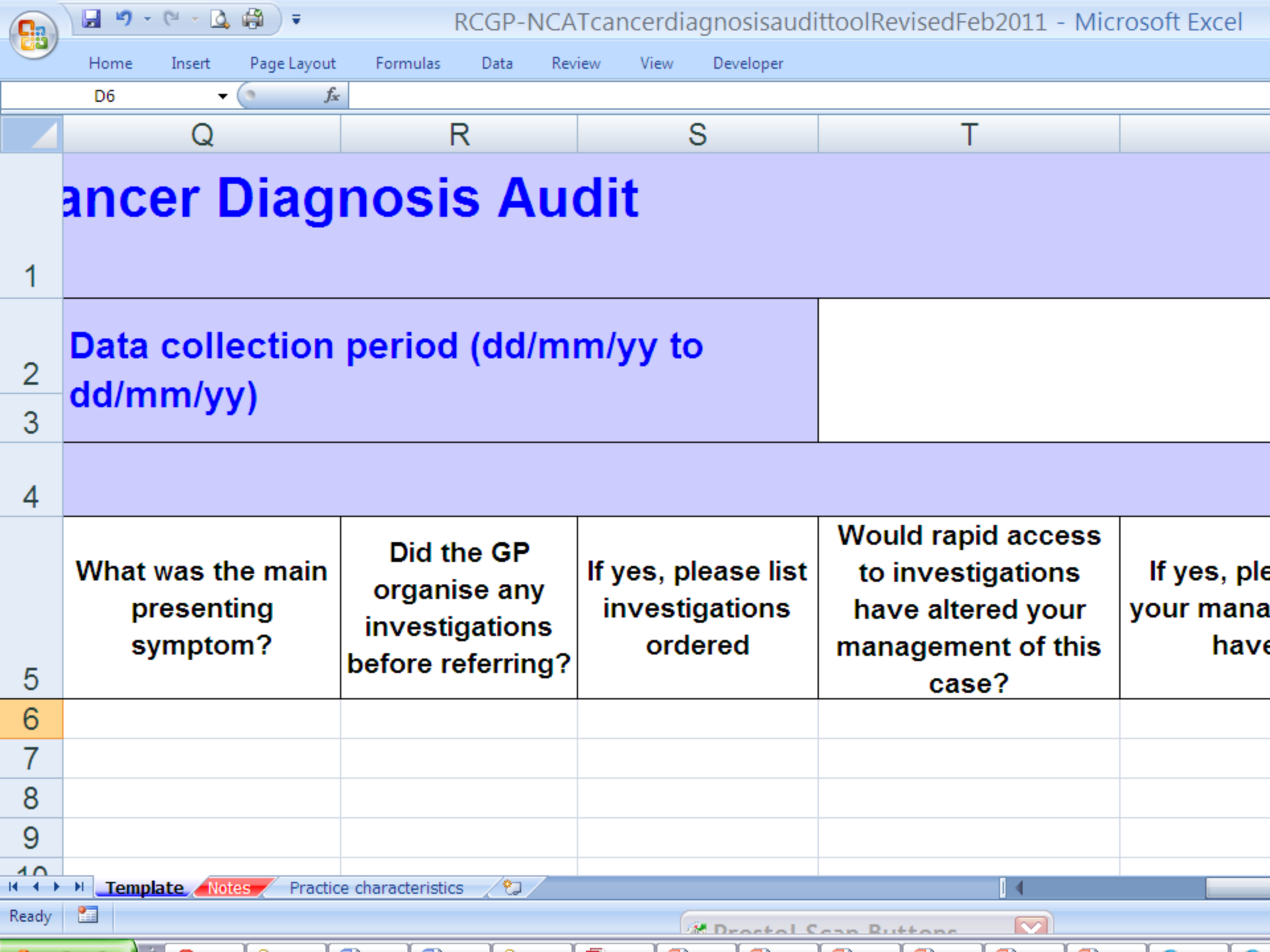
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ancer Diagnosis Audit
Data collection period (dd/mm/yy to dd/mm/yy)
What was the main presenting symptom?
Did the GP organise any investigations before referring?
If yes, please list investigations ordered
Would rapid access to investigations have altered your management of this case?
If yes, ple your mana have
Template
Notes
Practice characteristics
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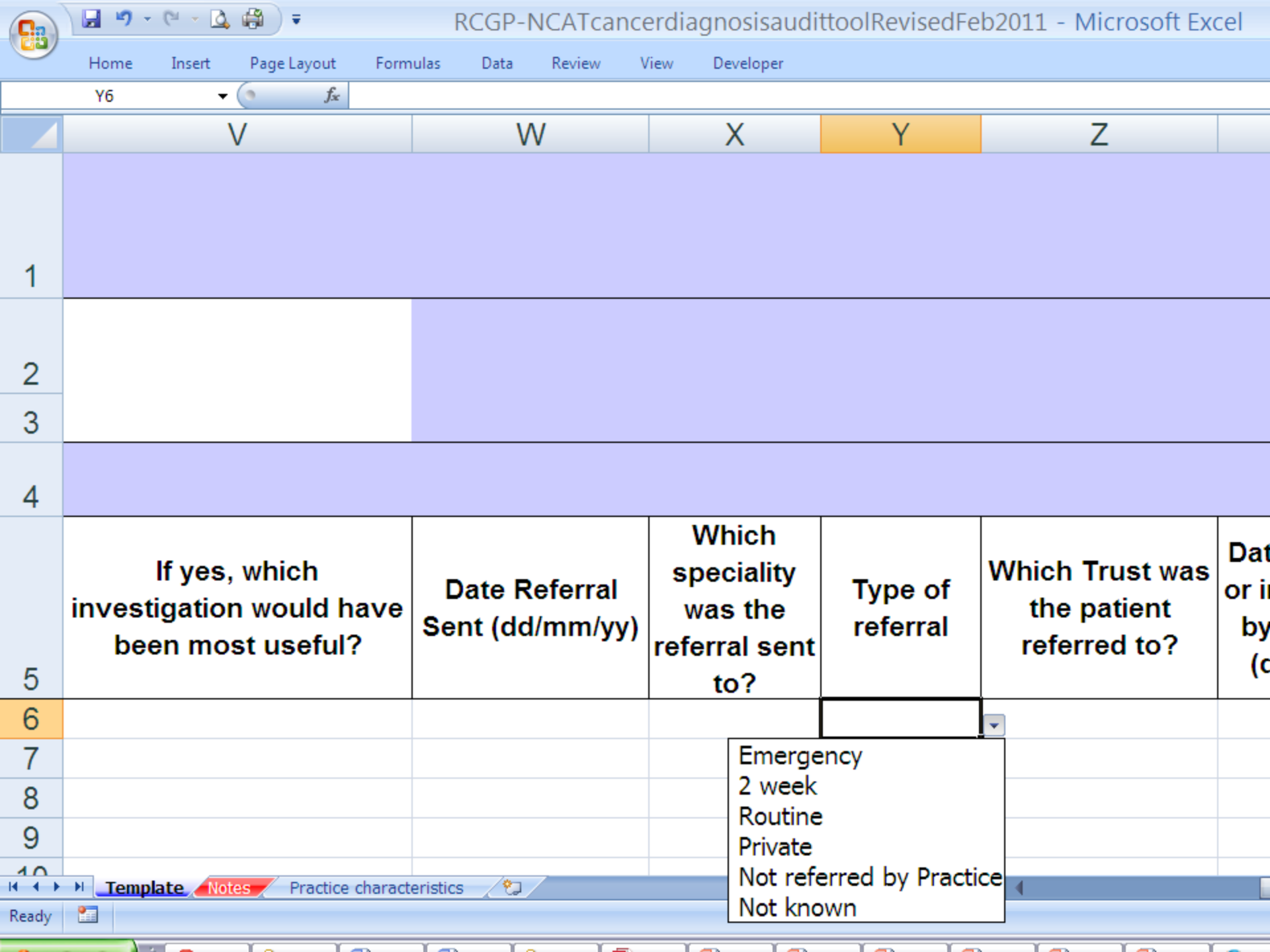
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1
2
3
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5
If yes, which investigation would have been most useful?
Date Referral Sent (dd/mm/yy)
Which speciality was the referral sent to?
Type of referral
Which Trust was the patient referred to?
Dat
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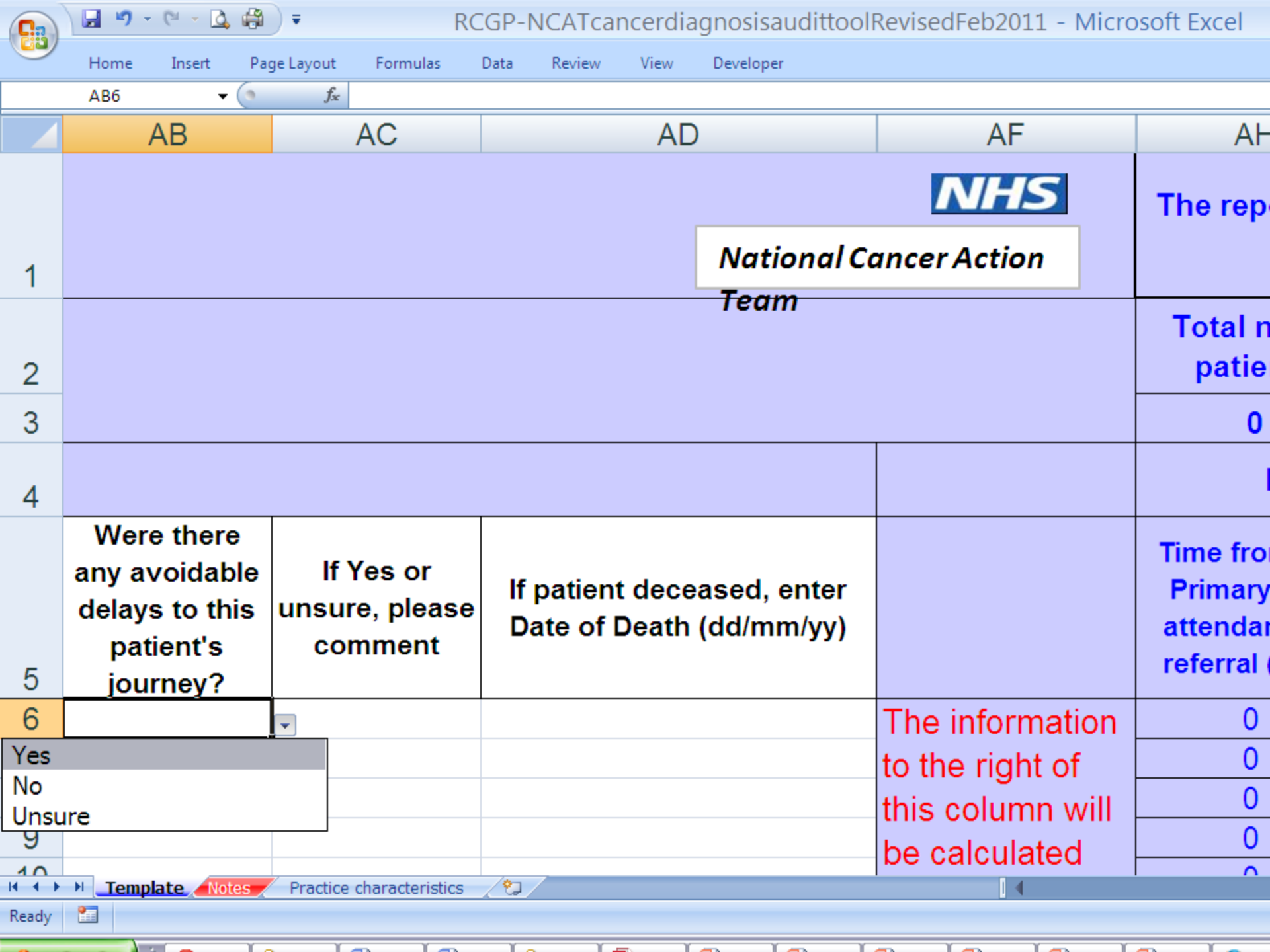
by
(d
6
7
8
9
Emergency
2 week
Routine
Private
Not referred by Practice
Not known
Template
Notes
Practice characteristics
Ready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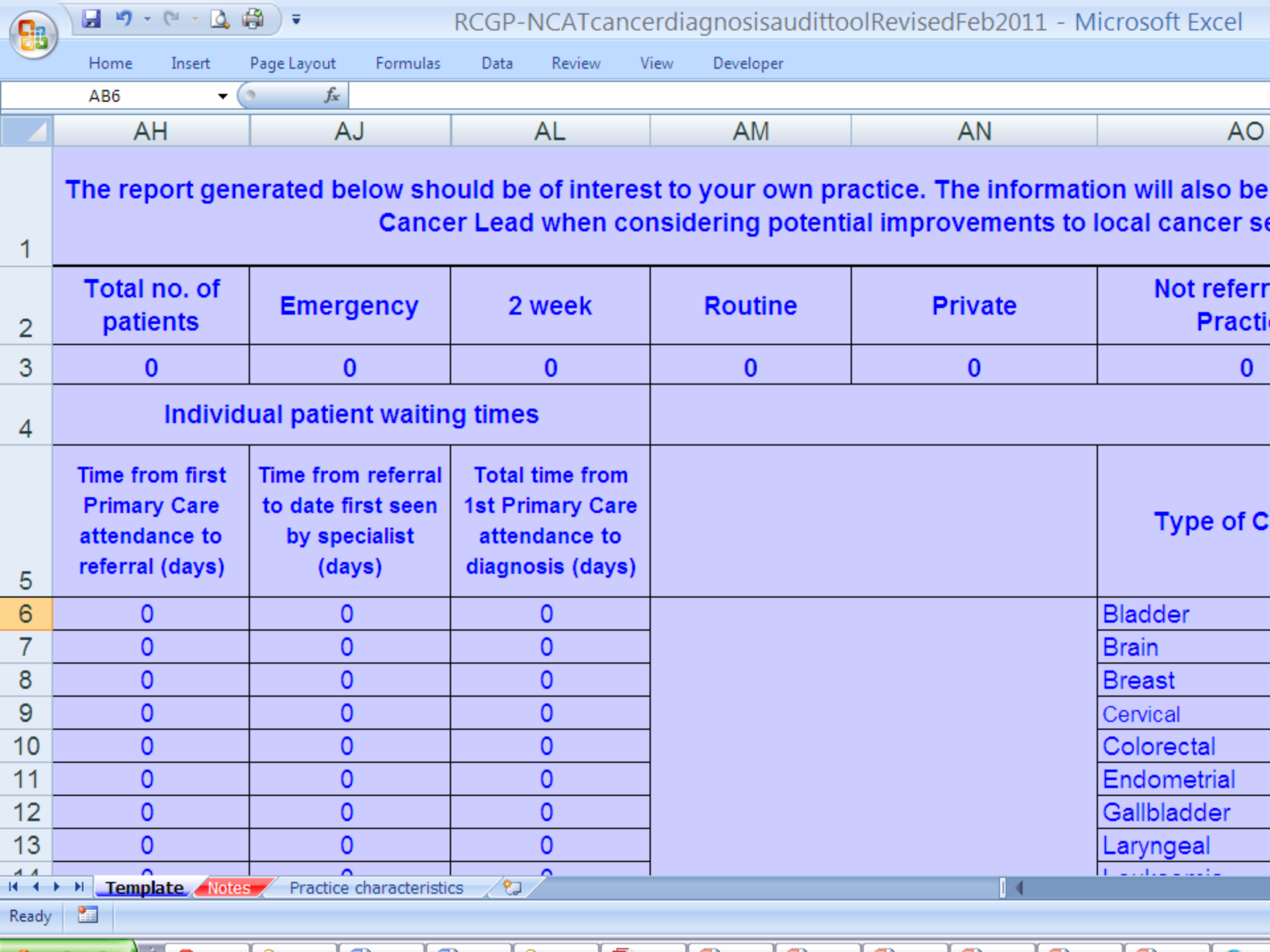
NHS
National Cancer Action Team
The rep
Total n
patie
0
Were there any avoidable delays to this patient's journey?
If Yes or unsure, please comment
If patient deceased, enter Date of Death (dd/mm/yy)
Time fro
Primary
attendar
referral
Yes
No
Unsure
The information to the right of this column will be calculated
Template
Notes
Practice characteristics
Ready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The report generated below should be of interest to your own practice. The information will also be
Cancer Lead when considering potential improvements to local cancer se
Total no. of patients
Emergency
2 week
Routine
Private
Not referr
Practi
0
0
0
0
0
0
Individual patient waiting times
Time from first Primary Care attendance to referral (days)
Time from referral to date first seen by specialist (days)
Total time from 1st Primary Care attendance to diagnosis (days)
Type of C
0 0 0 Bladder
0 0 0 Brain
0 0 0 Breast
0 0 0 Cervical
0 0 0 Colorectal
0 0 0 Endometrial
0 0 0 Gallbladder
0 0 0 Laryngeal
Template
Notes
Practice characteristics
Ready

Group Activity

In small groups: can you discuss for 5 minutes

- Who can complete it?
- How many patients should we look at?
- How can it be used as a learning tool?

SEA

- Established method of learning
- Good and unexpected outcomes can be used for learning
- Revalidation requirement for 2 per year
- RCGP pilot last year of cancer specific SEAs

NHS East Midlands Strategic Clinical Networks

Guided template

NHS Health Education East Midlands

Cancer SEA Report Template	
Diagnosis:	
Date of diagnosis:	
Age of patient at diagnosis:	
Sex of patient:	
Is the patient currently alive (Y/N):	
If deceased, please give date of death:	
Date of meeting when SEA discussed:	

N.B.: Please DO NOT include the patient's name in any narrative. Please anonymise the individual involved at each stage by referring to them as GP1, GP2, Nurse1, Nurse2, GP Reg1 etc.

1. WHAT HAPPENED?
Describe the process to diagnosis for this patient in detail, including dates of consultations, referral and diagnosis and the clinicians involved in that process. Consider for instance: ■ The initial presentation and presenting symptoms (including where if outwith primary care). ■ The key consultation at which the diagnosis was made. ■ Consultations in the year prior to diagnosis and referral (how often the patient had been seen by the practice; for what reasons; the type of consultation held: telephone, in clinic etc; and who - GP1, GP2, Nurse 1 - saw them). ■ Whether s/he had been seen by the Out of Hours service, at A&E, or in secondary care clinics. ■ If there appears to be delay on the part of the patient in presenting with their symptoms. ■ What the impact or potential impact of the event was.

Quality Assessment tool

Please place an 'x' in the appropriate box

WHAT HAPPENED?	1. Very Poor	2. Poor	3. Fair	4. Good	5. Very Good	6. Excellent	7. Outstanding
1. The description of what actually happened:	☐	☐	☐	☐	☐	☐	☐
Comments:							
2. The role(s) of all individual(s) involved in the events has been described:	☐	☐	☐	☐	☐	☐	☐
Comments:							
3. The setting(s) where the event happened has been described:	☐	☐	☐	☐	☐	☐	☐
Comments:							
4. The impact or potential impact of the event has been described:	☐	☐	☐	☐	☐	☐	☐

Examples of comments/feedback

2. WHY DID IT HAPPEN?

Reflect on the process of diagnosis for the patient. Consider for instance:

■ If this was as good as it could have been (and if so, the factors that contributed to speedy and/or appropriate diagnosis in primary care). ■ How often / over what time period the patient was seen before a referral was made (and the urgency of referral). ■ Whether safety-netting / follow-up was used (and if so, whether this was appropriate). ■ Whether there was any delay in diagnosis (and if so, the underlying factors that contributed to this). ■ Whether appropriate diagnostic services were used (and whether there was adequate access to or availability of these, and whether the reason for any delay was acceptable or appropriate).

Dr A considered viral infection most likely, and was reassured by normal CXR 2 years earlier. Nevertheless, instituted safety-netting arrangement.

Dr B places ACE-induced cough as next most likely cause, still reassured by previous CXR . Makes appropriate change to meds and makes follow up arrangement, but for a time when he is not available.

Dr A concurs with Dr B's diagnosis and makes a holding arrangement until his return, on the basis that more time needed for ACE effect to disappear. Chest pain +cough should trigger alarm by now, but lack of continuity of care also at fault.

Comment [QA2]:
Some insights provided into thought processes at time of consultations.

Additional considerations for potential underlying reasons could include:

- Why was Dr A reassured by an X ray from 2 years previous?
- Did the practice follow current guidelines for investigation of cough?
- How quickly should ACEI cough resolve on stopping medication?
- Was the receptionist's action in breach of practice arrangements?
- Is there a training issue for the practice staff?

Final Request

- We ask that you submit SEAs with learning points from clinical meeting (ideally done by GPR)
- How could this be a regular learning activity for GPRs/the practice?
- How can you involve colleagues?

Questions/comments please

Mayapple - etoposide